

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00067231

3. IS THIS  
REPORT☒NEW  
(N) OR☐AMENDED  
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
12 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 28 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y 12 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">487213.15</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">564489.65</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">10208.32</span>	<span style="border: 1px solid black; padding: 2px;">334011.26</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">574697.97</span>	<span style="border: 1px solid black; padding: 2px;">821224.41</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">5000.00</span>	<span style="border: 1px solid black; padding: 2px;">251526.44</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">569697.97</span>	<span style="border: 1px solid black; padding: 2px;">569697.97</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7308.32

226019.12

(ii) Unitemized .....

2900.00

107992.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10208.32

334011.26

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

10208.32

334011.26

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10208.32

334011.26

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

10208.32

334011.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	4756.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	4756.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	223500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1270.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1270.00
29. Other Disbursements .....	0.00	22000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	251526.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	251526.44

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10208.32	334011.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10208.32	332741.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	4756.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	4756.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jennifer Adams**

Mailing Address 6834 NW 44th Street

City

Jennings

State

FL

Zip Code

32053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake City Med Ctr

Occupation

COO/CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 02 / 2015

Transaction ID : SA11AI.33701

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Leona Boullion**

Mailing Address 111 North Roelay

City

Lafayette

State

LA

Zip Code

70506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women's & Children's Hospital

Occupation

CNO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2015

Transaction ID : SA11AI.33722

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Omar Chugtai**

Mailing Address 2621 Grove Ave

City

Richmond

State

VA

Zip Code

23220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henrico Doctors' Hosp.

Occupation

Administrative Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2015

Transaction ID : SA11AI.33738

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jacob Cintron**

Mailing Address 10301 Gateway West

City	State	Zip Code
El Paso	TX	79925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Las Palmas Del Sol Healthcare

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33690

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joanna Conley**

Mailing Address 8268 Sulston Street

City	State	Zip Code
Orlando	FL	32827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Poinciana Medical Center

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lisa Gann**

Mailing Address 116 Lancaster Ct

City	State	Zip Code
Gallatin	TN	37066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hendersonville Med. Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33727

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Charles Henry Girard**

Mailing Address 98 San Jacinto Blvd, Ste 1800

City State Zip Code  
Austin TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Las Palmas Del Sol

Occupation

Director Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA11AI.33694**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tony Hayes**

Mailing Address 7101 Jahnke Road

City State Zip Code  
Richmond VA 23225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CJW

Occupation

VP Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA11AI.33733**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Tony Hayes**

Mailing Address 7101 Jahnke Road

City State Zip Code  
Richmond VA 23225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CJW

Occupation

VP Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SA11AI.33741**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1083.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Rebecca Hunter**

Mailing Address 5762 W Emmeline Drive

City	State	Zip Code
Hemivau	UT	84096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA Mountain Division

Occupation

VP Division Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33687

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephanie McNulty**

Mailing Address 6500 38th Avenue N

City	State	Zip Code
St. Petersburg	FL	33710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Petersburg General Hosp

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.33740

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. James (RMCA) Miller**

Mailing Address 2810 Ambassador Caffery Pkwy

City	State	Zip Code
Lafayette	LA	70526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33731

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Mark Miller**

Mailing Address 10076 Waltzing Lane

City  
Seminole

State Zip Code  
FL 33778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake City Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA11AI.33699**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Irfan Mirza**

Mailing Address 661 Ridgewood Lane

City  
Plantation

State Zip Code  
FL 33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plantation General Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA11AI.33730**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Steven Nelson**

Mailing Address 246 NW Secluded Glen

City  
Lake City

State Zip Code  
FL 32055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake City Medical Center

Occupation  
Director Rehab Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA11AI.33702**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Scott Robins**

Mailing Address 3827 Hawthorne Ave

City State Zip Code  
 Dallas TX 75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA N TX DIV

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11AI.33726**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matthew Romero**

Mailing Address 19484 Autumn Oak Lane

City State Zip Code  
 Brooksville FL 34613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11AI.33721**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Sara Smith**

Mailing Address 4900 S Monaco Ste 380

City State Zip Code  
 Denver CO 80237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Continental Div

Occupation

Sr VP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.33739**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. Cindy Stout**

Mailing Address 10301 Gateway West

City	State	Zip Code
El Paso	TX	79925

FEC ID number of contributing federal political committee.

C

Name of Employer

Del Sol Medical

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11AI.33698

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Glenn Wallace**

Mailing Address 4301 Hidden Valley Ct

City	State	Zip Code
Colleyville	TX	76034

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Ctr Alliance

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.33737

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Tracey White**

Mailing Address 1800 Town Ctr Dr #320

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing federal political committee.

C

Name of Employer

Capital Division

Occupation

VP Community &amp; Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.33743

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

725.00

TOTAL This Period (last page this line number only)..... ►

7308.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. ROCK CITY PAC**

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

**Transaction ID : SB23.33745**

Amount of Each Disbursement this Period

5000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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5000.00
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